To:

Fax No. (703) 872-9306 Mail Stop Amendment **Commissioner for Patents** P.O. Box 1450

RECEIVED CENTRAL FAX CENTER

MAY 0 2 2005

Alexandria, VA 22313-1450 10/086,972 **Application Number** TRANSMITTAL 03/01/2002 Filing Date

| FORM | | First Named Inventor | Rober | Robert M. HOEK | | | | |
|--|-------------------|---|----------|---|--|--|--|--|
| (to be used for all correspondence after initial filling) | | Art Unit | 1644 | | | | | |
| | | Examiner Name | I. I. Oi | uspenski | | | | |
| Total Number of Pages in This Submission | 17 | Attorney Docket Number | DX09 | 36KB | | | | |
| ENCLOSURES (Check all that apply) | | | | | | | | |
| Fee Transmittal Form (1 page) Fee Attached Amendment/Repty (12 pages) After Final Afficiavits/declaration(s) | _ _ _ | Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application | - | After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | | | | |
| Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52.or 1.53 | Remark 1. Appl | Power of Attorney, Revocation Change of Correspondence Addres Terminal Disclaimer Request for Refund CD, Number of CD(s) ts: ication Data Sheet (3 pages) | | Proprietary Information Status LetterX Other Enclosure(s) (please Identify below): | | | | |
| Signature OF APPLICANT, ATTORNEY, OR AGENT Sheela Mohan-Peterson, Reg. No. 41,201 DNAX Research, Inc. 901 California Ave. Palo Alto, CA 94304-1104 Signature Signature CERTIFICATE OF TRANSMISSION/MAILING I hereby cartify that this correspondence is being facsimile transmitted to the USPTO, Fax Number (703) 872-9308, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date Indicated below: | | | | | | | | |
| Typed or printed Melanie Lyons | | | | | | | | |
| Signature Thea | | From | | Date 5-2-05 | | | | |

| Effective on 12/08/2004. | | | | Complete if Known | | | | | | | |
|--|--------------------------|---|-------------------------------|--|-----------------|-----------------|----------------------|-----------------|---------------------------|-----------|--|
| FEE TRANSMITTAL For FY 2005 | | | Application Number 10/086,972 | | | 972 | | | | | |
| | | | Filing Date | Ī | 03/01/2 | | | | | | |
| | | | _ | First Named Inve | entor | Robert M. HOEK | | | | | |
| | | | Examiner Name | | I. I. Ouspenski | | | | | | |
| ☐ Applicant claims small entity status. See 37 CFR 1.27 | | | Art Unit | | 1644 | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 0 | | | | Attorney Docket | No. | DX0936KB | | | | | |
| TOTAL AMOUNT OF TAXAL | | 1(9) 0 | | | | | - | | | = | |
| METHOD OF PAYMENT | | | | | | | | | | _ | |
| Check Credit | | | | | | | | | | | |
| X Deposit Account: | Deposit A | ccount Number: | 04-12 | | | | e: <u>DNAX</u> | | h, Inc. | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | | | | |
| X Charge fee(| s) indicati | aa below I fee(s) or underpa | monh | | | | | apt for u | e mind iee | | |
| | | 7 CFR 1.16 and 1.1 | | s _A_Credit ai | ily ove | paymen | us | | | | |
| WARNING: Information on this for authorization on PTO-2038. | rm may bec | ome public. Credit card i | informat | tion should not be inc | luded on | lhis form, F | Provide credit | card informat | ion and | | |
| FEE CALCULATION | | | | | | | | | | | |
| 1. BASIC FILING, SEAR | | | | | | | | | | | |
| | FILING F | | SEAR | CH FEES | EXA | OITANIM | | | • | | |
| Application Type | S F <u>ee(\$)</u> | mall Entity Fee(\$) | Fee(\$) | S <u>mall Entity</u> Fee(\$) | F | | all Entity ee(\$) | Fees | Paid (\$) | | |
| Utility | 300 | 150 | 500 | 260 | _ | | 00 | | | | |
| Design | 200 | 100 | 100 | 50 | 13 | 30 | 65 · | | | | |
| Plant | 200 | 100 | 300 | 150 | 10 | 60 | 80 | | | | |
| Reissue | 300 | 150 | 500 | 250 | 6 | 00 3 | 00 | | | | |
| Provisional | 200 | 100 | 0 | 0 | | 0 | 0 | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | | F | Small Entity | , | |
| Fee Description | · | -h -loim ever 20 and | mam t | han in the edelpal | natont | | | <u>Fee</u> 50 | (<u>5) Fee (5)</u> 25 | | |
| Each daim over 20 or, for Re Each independent claim over | essues, ea | ch daim over zu and Alegues, each indone | muis i toeboe | rian in the original claim more than in | the orle | reten fenin | nt | 200 | 100 | | |
| Multiple dependent dalms | 301,1017 | minades, encir indepe | | | | J PO 101 | ••• | 360 | 180 | | |
| Total Claims | Extra CI | alms <u>Fee (\$)</u> | <u>F</u> | ee Paid (\$) | M | | ependent C | | | | |
| 6 20 or HP = | | X | = | | | Fee (\$) | Fee | e Paid (\$) | | | |
| HP = highest number of to Indep. Claims | ızı cızıms (Extra Cl | | 7 20 E | ee Pald (\$) | _ | | | | | | |
| 2 - 3 or HP = | | x | = | | | | | | | | |
| HP = highest number of in | | claims paid for, it gre | ater th | an 3 | | | | | | | |
| 3. APPLICATION SIZE F | EE whas exc | sed 100 sheets of par | ner, the | application size fe | e due i | s \$250 (\$1 | 125 for smal | l entity) for (| each additional (| 50 | |
| sheets or fraction therec | of. See 35 | U.S.C. 41(a)(1)(G) a | nd 37 (| CFR 1.16(s). | | | | _ | | | |
| | xtra Shee | | | dditional 50 or fra | | | <u>Fee (\$)</u> | , <u>Fee</u> | Pald (\$) | | |
| 100 = | | / 50 = | | (round up to a who | ole num | ber) x | | _ = _ | | | |
| 4. OTHER FEE(S) | | | | | | | | Fee | s Paid (\$) | | |
| Other: | | | | | | | | | | | |
| | | | | - <u></u> - | | · | | | | _ | |
| SUBMITTED BY | | | | | | (Co | mplete (if ap | oplicable)) | | _ | |
| Name (Print/Type) She | | an-Peterson | | Registration No. | 41,20 |)1 | Telepho | ne 1-650 | -496-6400 | | |
| Signature | | 1000 | | | | | Date | 02-71 | au - 2005 | - | |

RECEIVED CENTRAL FAX CENTER

MAY 0 2 2005

Appl. No. 10/086,972 Amdt. dated May 2, 2005 Reply to Office action of February 2, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Robert M. HOEK, et al.

Application No.: 10/086,972

Filed: March 1, 2002

For: NOVEL USES OF MAMMALIAN

OX2 PROTEIN AND RELATED REAGENTS-USES OF OX2 PROTEIN TO TREAT NEURODEGENERATIVE

DISORDERS (as amended)

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Examiner: I. I. Ouspenski

Art Unit: 1644

Conf. No.: 1945

I hereby certify that this correspondence is being transmitted by facsimile to the U.S. Patent and Trademark Office, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Fax Number (703) 872-9306, on May 2, 2005.

Honorable Sir:

In response to the Office Action dated February 2, 2005, Applicants submit the following amendment and response. Reconsideration is respectfully considered.

AMENDMENT AND RESPONSE

Please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims that begins on page 7 of this paper.

Remarks/Arguments begin on page 9 of this paper.